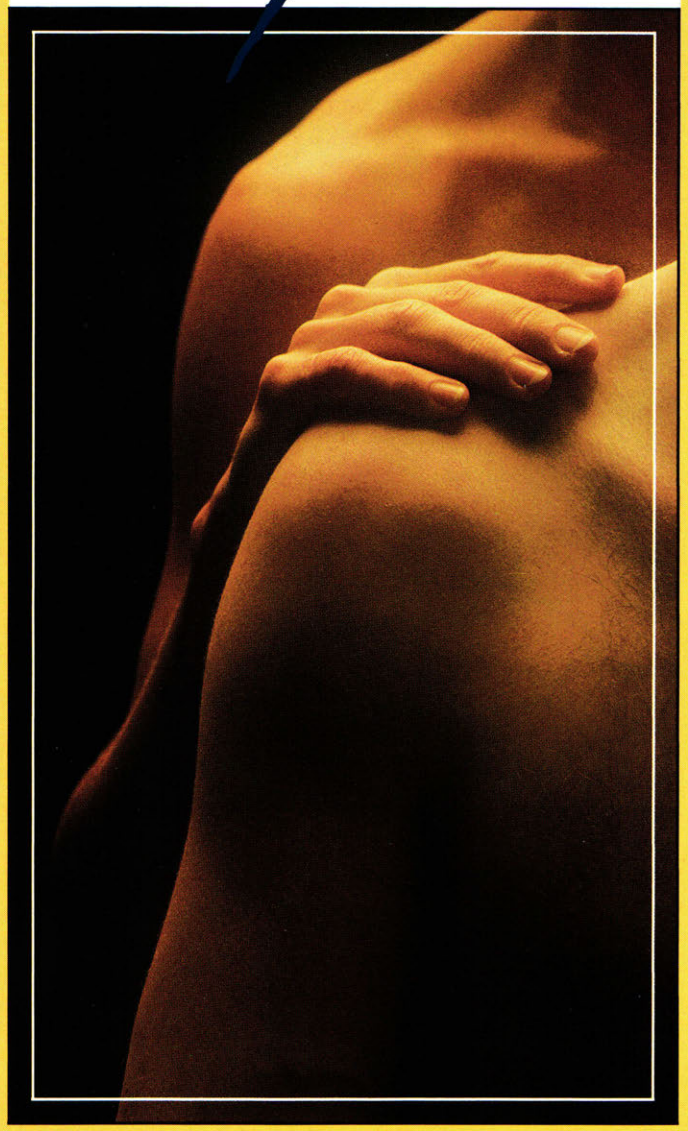
SAFE Sex



SAFE

Dry Kissing
Masturbation on Healthy Skin
Oral Sex with a Condom
External Watersports
Touching
Fantasy

Possibly Safe

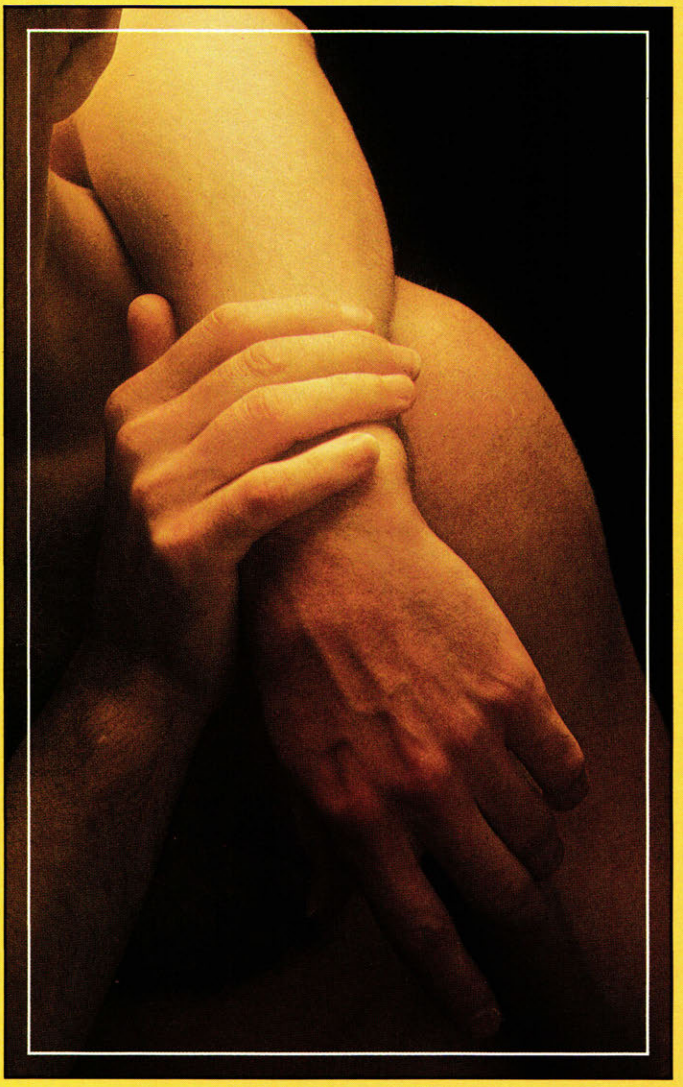
Protected Vaginal Intercourse
Protected Anal Intercourse

RISKY

Wet Kissing
Masturbation on Open/Broken Skin
Oral Sex on a Woman
Amphetamines (speed)
Amyl Nitrite (poppers)
Alcohol
Marijuana

DANGEROUS

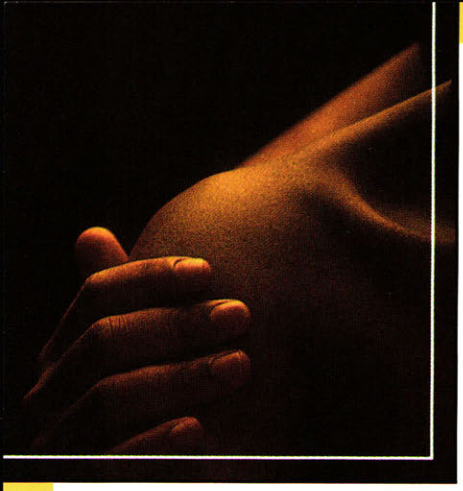
Oral Sex without a Condom
Unprotected Vaginal Intercourse
Unprotected Anal Intercourse
Internal Watersports
Intravenous Drugs
Sharing a Needle
Fisting
Rimming



CARN

CHARLOTTESVILLE AIDS RESOURCE NETWORK

For copies of this brochure call ACHA at 301 • 963-1100.



What does playing safe mean?

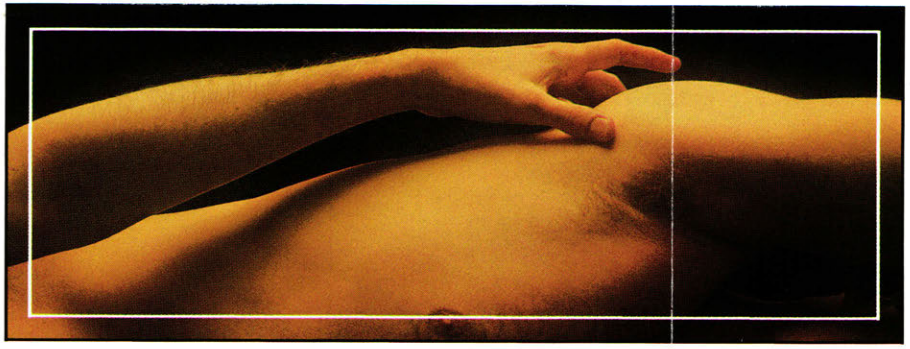
Playing safe doesn't mean eliminating sex from your life. It does mean being smart and staying healthy. It's knowing something about your partner's health and sexual patterns. It's showing love and concern for yourself and your partner. It's enjoying sex to the fullest without giving or getting sexual diseases.

Who should play safe?

Anyone and everyone who is sexually active.

How do you play safe?

Most sexually transmitted diseases are spread by germs moving from one person to another. Certain body fluids such as semen, blood, menstrual blood, urine, feces and possibly saliva are known to be good carriers of germs, including the AIDS virus, the hepatitis-B virus, chlamydia, and the bacteria causing gonorrhea and syphilis. These fluids, when shared through sexual contact, can spread disease. You can limit this spread by enjoying sex that shares love, tenderness, and passion but doesn't share germ-carrying fluids.



Condoms

Condoms have long been known as a means of preventing the passage of germs causing gonorrhea, syphilis, chlamydia, and hepatitis-B and have just recently been shown to block passage of the AIDS virus. To be effective, condoms should be put on during foreplay before there is any pre-ejaculatory fluid. Both men and women can carry gonorrhea, syphilis, chlamydia, hepatitis-B, and AIDS without feeling ill. And vaginal intercourse is just as likely to transfer gonorrhea, syphilis, and hepatitis-B as anal intercourse.

A study done by researchers at the University of California at San Francisco using five different commercial brands of condoms found AIDS virus particles unable to penetrate the condoms. Even after three weeks of being filled with fluid containing a high concentration of the AIDS virus, no virus had passed through the condoms.

SAFE Sex

What is safe?

What is unsafe?

Kissing If neither person has open cuts or sores of the mouth or lips, dry kissing is probably safe. However, deep kissing or open mouth kissing of anyone may carry some risk.

Masturbation Masturbation is safe if the semen contacts healthy skin. The contact of semen with open cuts or sores is not safe.

Oral Sex Oral sex on a male using a condom is safe. Oral sex without a condom is particularly risky for spreading gonorrhea and syphilis. As long as ejaculation doesn't take place in the mouth, unprotected oral sex *probably* does not transfer AIDS or hepatitis-B virus. But this is risky because ejaculation is difficult to predict and control. Pre-ejaculatory fluid ("pre-cum") may contain viruses or bacteria and poses an uncertain risk.

Oral sex on a woman may transfer the germs causing gonorrhea, syphilis, and chlamydia, although the risk of transmitting the AIDS virus is uncertain.

Vaginal Intercourse It is well known that vaginal intercourse without the use of a condom can easily pass gonorrhea, syphilis, chlamydia, and hepatitis-B. Research also shows that AIDS can be passed from male to female during unprotected sex. Passage of

Lubricants

The bruising that occurs during anal intercourse can be greatly decreased by the use of lubricants. Waterbased lubricants like KY jelly, that come in sealed tubes or packets, do not spread germs as easily as lubricants in open containers. Oil-based lubricants such as Crisco or Vaseline are unsafe because they can weaken condoms, making them useless as protection.

Touching Caressing, hugging, and massage provide warm, affectionate and safe intimacy. The imaginative use of loving hands and fingers can relax, soothe, or excite *anyone*.

Fantasy The brain is the largest and most versatile sexual organ. It can create images and use words to arouse, delight, and satisfy.

the AIDS virus from a woman to a man during vaginal intercourse, while unusual, does occur.

Anal Intercourse Without the use of a condom, this is one of the *most* risky practices for passing both the AIDS virus and the hepatitis-B virus. The rectal lining is often injured during anal intercourse and germs can easily enter the bloodstream through bruised tissue. If condoms don't break, they prevent semen from contacting the rectal lining. Lubricants can greatly decrease the chance of hurting the rectal tissues.

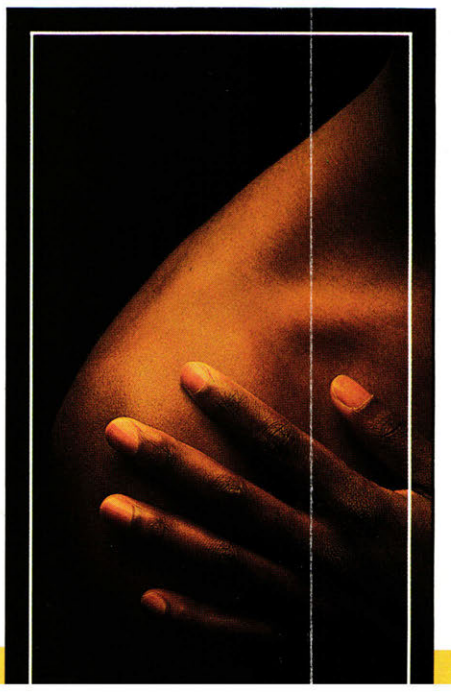
Fisting Putting a hand or fist into someone's rectum or vagina is very dangerous because the internal tissue can be easily bruised or torn.

Rimming Oral/anal contact can spread germs carried in feces and germs carried in saliva and is therefore dangerous for both partners.

Watersports Urinating on skin without open cuts or sores is safe, but urine that enters the mouth, vagina or rectum can spread viruses such as AIDS or hepatitis-B.

For more information contact your local health department or call one of the following national Hot-Line services:

U.S. Public Health Service: 1-800-342-2437
National Gay Task Force and
AIDS Crisis Hot Line: 1-800-221-7044



Drugs & Alcohol

There are several reasons to be concerned about drugs and alcohol even though they are not considered a direct cause of sexually transmitted diseases. Playing safe takes some planning. Drugs and alcohol can impair your judgment and reduce your ability to make wise decisions.

Research shows that alcohol, marijuana, amphetamines (speed), and amyl nitrite (poppers) also damage the immune system, leaving you open to diseases that you might otherwise be able to fight off. Research also suggests that these drugs leave you more susceptible to the AIDS and hepatitis-B viruses. Using poppers during anal intercourse can expand the blood vessels of the rectum and as a result increase the risk of receiving the AIDS virus. The use of intravenous drugs is dangerous, and sharing a needle creates a very high risk of getting hepatitis-B or AIDS.

Medications are available to treat gonorrhea, syphilis, and chlamydia. However your immune system is the only means you have for fighting off AIDS and hepatitis-B, so it makes sense to avoid doing things that impair your ability to overcome infection.

COMMUNICATION # 2-3

To: All Members of ACHA Task Force on AIDS

From: Rich Keeling

Date: September 12

Method: First Class Mail

What has Rich been doing lately, the lazy dog, and why haven't you heard from him? Well, partly, he has been attending to the annual summer rites of passage and entrance to the University, getting school restarted, getting the Health Service off and running for another exciting year...and working on AIDS stuff.

The good news: is that AmFAR liked our letter of intent and abstract; they thought our project proposal has merit and asked for a formal application and budget. The bad news: a very early deadline (why is it that deadlines are *always* too soon, or is that just the nature of the beast?). Back to the good news: Steve Blom and I talked, worked, talked, worked, wrote, and, in the end, we are meeting their deadline with a very respectable, classy, reasonable proposal. The unknown news: the fate, thus far, of our other grant (contract) proposal at the NIMH. Patience, they say, is a virtue...

About AmFAR: We asked for about $47,000 in direct costs and another 15% of that, or about $7,500, in indirect costs -- for a total budget of around $54-55,000. The project period would be the calendar year of 1987, and they make their award decisions on or about November 15, 1986. Key facts:

Outcome: A regularly updated compendium of information about AIDS for: (1) primary health care providers, (2) mental health professionals, and (3) health educators, all on college and university campuses.

Number to Be Printed: 1000, with durable, high-quality binders

Production Cost Per Book: about $54 or $55, including distribution, mailing, and first update supplement. Not bad at all, really, given all that will go into it. And the ACHA institutions will not have to pay for it!

Budget Items of Note:

[1] Personnel: two; each 50% FTE, one at my office and one at the ACHA office in Rockville. The one here will be clerical; the one in Rockville, an Administrative Assistant level person who will function as the project manager.

[2] Production Costs: we asked for bucks to pay for copying, collating, distributing, mailing, binders

[3] Research/Development: a critical category, included:

(a) Travel for Task Force members to meet, write, discuss, including support for attendance at the annual meeting in CHicago and the ACHA/California AIDS Conference in Berkeley in January

(b) Long distance telephone service

(c) Reproduction/circulating/mailing/Federal Express costs of circulating drafts, revisions, etc.

Update System: will be developed by the Project Manager during the Grant Year, used to produce the first update late in that year.

Timetable: estimates:

November 15, 1986: Award Decisions
January 1, 1987: Project begins
January 29-30, 1987: Berkeley AIDS Conference
February, 1987: Planning meeting in DC or Philadelphia
February-May, 1987: research, drafts, revisions
May 26-30, 1987: ACHA annual meeting, Chicago; finalize drafts
June-July, 1987: production of compendium
August, 1987: completed compendium distributed; completion of development of updating system
September-October, 1987: Task Force researches and writes first update supplement
November, 1987: Production of supplement
December, 1987: Distribution of supplement; evaluation of compendium and update

Renewal: if we get the grant, and if they like what we do, they may renew for further support after 1987.

The whole AmFAR application is about 25-30 pages long, so I have not copied it here for everybody. What I will do is to send the narrative/research design/budget sections out to you with the next mailing, after I get the final copy from Steve Blom.

Working Group on Support: is doing great things. Chris Lyman has gotten me the first draft of their first phase, and I've been working on it in the past week. As soon as I can get it finished and on my word processor, the whole Group will get it for suggestions and revisions.

Working Group on Clinical Issues: is just getting started. I've been devoting a lot of time to AmFAR, etc., and am just now getting around to setting up meetings, etc. Have talked to Paul Grossberg, Lee Wessel about possible dates. We are thinking about a meeting in San Diego in early November and/or one in the Philadelphia-DC area around the time of Lee's trip there at around the same time. Details soon.

Working Group on Education: Guess what, Annie, you're back in business! We may work Annie Lomax to death -- she's already helping with Support, is on the Editorial Board for the NIMH grant, and we need to reactivate the group on EDucation so that we can update referral lists, addresses, programs, suggestions, etc. I would appreciate it if the other members of the Working Group from 85/86 would stay on board .... Jeff Gould, Federico Erebia, Mary O'Donnell (whom I saw, looking great, in Berkeley last week). I'll try to get George Swales, the successor to Chi Hughes at Whitman-Walker, to help some, too.

Sales Report: to date, ACHA has sold more than 800,000 copies of "What Everyone Should Know," and about 400,000 of "Safe Sex," and has requests to translate Safe Sex into Spanish.

Weather Report: cool, crisp evenings and wonderful clear days, with the purple mountains reassuring us about life in general every evening.

Usual supplication: Call, write, visit! Tell me ideas. Tell me anything. Propose things.

COMMUNICATION #2-2

To: All Members of ACHA Task Force on AIDS

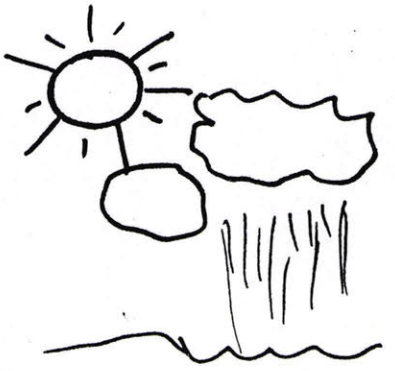
From: Rich Keeling

Date: August 5, 1986

Method: First Class Mail; hand-delivered to those attending the August 11 meeting in Philadelphia.

Brief Apology: I apologize for having been relatively out of touch for the past several weeks; the summer doldrums and vacation caught up with me, and I spent a couple of weeks frying in the sun at the beach and forgetting all about responsibility. That followed a period of very intense activity on behalf of the Task Force that I want to tell all of you about in this Communication. Now that I'm back, I can't believe that school is only four weeks away...our Resident Assistants are starting Orientation and training in two weeks...where did the summer go? Wasn't it just yesterday we were in New Orleans?

Weather Report: Paul Walters put me so completely out of sorts by his excessively enthusiastic comments about the weather in Palo Alto that I am strongly tempted to lie about our current hot, humid, sticky atmosphere. This situation is not helped by Chris Lyman's revelations about having to wear sweaters and winter gear during her hiking trip in the White Mountains, nor by Lee



Wessel's perennial optimism about the soft winds of San Diego. My only consolation is that Howard Surface and Bob Wirag are each suffering under the same oppressively thick air that I am. So much for meteorology.

Working Groups: the **Working Group on Support Services** will be meeting in Philadelphia at Penn on Sunday and Monday, August 10 and 11. Anticipated there: Chris Lyman, Bob Wirag, Howard Surface, Annie Lomax, myself, perhaps a representative from the Philadelphia AIDS group and someone from the consulting firm working on our NIMH grant proposal (see below). Howard has been assembling a well-oiled machine and tells me we should be ready for great things...I'll report after the meeting. **The Working Group on Clinical Issues** will meet sometime in the early Fall, I hope, but I haven't set a date or a place yet, and I solicit hereby suggestions in regard to both. My travel schedule for the fall will include trips to California, Nebraska, New York State, Georgia, etc., so we could probably tack on a Working Group meeting in any of several locations at any of a number of possible times. Thanks to Paul Grossberg, Lee Wessel, Sue Cowell, and Joy Greenway for their correspondence back to me confirming their interest in this project and their willingness to participate in back-breaking labor. Lee, by the way, tells me that he is Chief Resident in his program this year (congratulations; my sympathies -- I was one).

Surveys: you'll recall the Surveys on our AIDS work sent out in July to the ACHA members. Bob and Howard have been receiving and tabulating them, and they have a pretty good return rate so far with ***very positive comments and evaluations.*** All of our brochures and the special report have gotten great reviews, they tell me, and we hope to have a chance to go over some of the forms during the Phildelphia meeting next week. I hope the next Communication will include information about the results in more detail, but from what I know so far each of you can feel pretty good about your work.

Brochure Sales: Speaking of positive feedback: one of the best ways I know to evaluate a product is to see if it sells, and ours do. The State of New York has just purchased 200,000 of the Safe Sex brochures, and the ACHA office is continuing to sell the "What Everyone Should Know" brochure at a rapid clip. The latter brochure, by the way, underwent very simple revision before the last big printing order -- just a matter of updating statistics and improving a few fine points of language.

Grant Proposals: And now for the big news. You have, no doubt, been wondering

what has occupied my time during this period of fairly poor communication. The bottom line is that I have been working (hard, even) on two different grant proposals for our group through the ACHA. One is for a contract from the National Institute of Mental Health (NIMH) to provide materials for professional staff in college counseling centers and mental health services regarding AIDS-related issues; the other is a grant from the American Foundation for AIDS Research for funding to support the activities of the Working Group on Clinical Issues, partly, and to extend the reports of the Task Force. Now for the details...

NIMH Contract: As often happens with Federal grants and contracts, we didn't find out about this one until about 10 days before the deadline for submission of a proposal. Howard Surface came across it in a register of Federal grants, and sent it up to me; Steve Blom and Maggi Bridwell at the ACHA reviewed it, liked it, and agreed that we would proceed. We received the RFP with seven days to go. It asked for the production of documents for professional staff working in Student Health mental health and in college counseling centers; that material would address the psychosocial issues and needs of people with AIDS and AIDS-related concerns and conditions. None of us could think of a better organization to work on those things than ACHA, and none of us could imagine any other group that could submit a better, more credible proposal...so we went to work.

The problem was that the paperwork involved in the submission of such a proposal was incredible, and turned out to be far beyond my simple, time-limited capabilities. They required separate substantive and business proposals, each of which would be many, many pages long with lots of documentation and comments in typical government boilerplate language. My research/grant office here at Charlottesville estimated that it would take them and me about 200 hours to get it together...far more than all the time available before the deadline. This was very discouraging, to say the least; to imagine that we would lose out on the possibility of providing the kind of information we had planned to provide anyway, for the audience that should read it, and the fact that we are the best people to do it...well, it really bothered me. Our salvation came in the unlikely form of a Washington area consulting firm.

Steve Blom and I heard simultaneously from a representative of Johnson, Bassin, and Shaw, Inc., a DC consulting group. They knew about ACHA and our AIDS work, and, since they

were planning to submit a proposal for the NIMH contract, they called with T-7 days to go to ask if we would like to work with them. To make a long story short, hundreds of phone calls and negotiations later, we came to terms with them and they agreed to write the proposal. The terms for us were exactly what we wanted, very favorable financially and professionally. The Working Group on Support Services will be the Project Team for the Contract; I am listed as the Project Manager. The consulting firm will provide support services only. The budget will allow for travel funding. The Editorial Board, a separate group appointed to oversee the work, will include Paul Kiwata, from the National AIDS Network, as well as Dr. Alan Brandt, the Chancellor of the University of Maryland system, who authored ***No Magic Bullet*** and was previously Secretary of Health and Human Services; representatives from the ACHA on the Board will include Steve Blom, Annie Lomax (from our group, of course), and Dave Kraft, the Director of the Health Service at the University of Massachusetts in Amherst.

This was all no simple task. We had to get a tremendous amount of substantive infomation about our approach to this issue to the consultants; Jerri Shaw (our colleague there) and I spent literally hours on the phone, exchanged pounds of mail and fed express packages, and each took lots of time from our vacations to get the thing in on time. She is a wonderful person to work with; she took my fairly rough word processor documents and turned them into presentable government-acceptable proposals. I hope to have copies of all that to send to you next time. We also had to get resumes, letters of commitment, etc., from all the members of the Working Group and the Editorial Board... and all that had to be orchestrated on four days' notice.

Thank you, sincerely, to Howard, Chris, Annie, Cathy Kodama, and Terry Weisser. They responded quickly and effectively, getting things in the mail by Federal Express on a few hours' notice. Now, we all sit and wait while the Feds review all the proposals; we hope to hear their decision in the middle of October. In the meantime, we are going ahead with our planning, and will discuss in Philadelphia both the scenario of working without the Grant and that of functioning with it. Questions? commments?

AmFAR Grant: The American Foundation for AIDS Research, headquartered in California, uses private gifts to fund research and education projects. Bob Wirag, Howard Surface, Steve Blom, and I all became aware of their

upcoming grant cycle, and decided to proceed with application for funds from them for the continuation of the work of the Task Force. We developed an idea of Bob Wirag's into a letter of intent and abstract of proposal for them and got that in; it was due, amusingly, only three days after the NIMH grant was due. Not much sleep that week...

What we have suggested is the development of a loose-leaf bound, *Scientific American Medicine*-style renewable, updatable compendium about AIDS for primary medical care providers and health educators in student health services. We would use their funds to pay travel expenses, to set up a computer system for providing the materials, to pay postage/copying costs, to pay for support for the Task Force members, and to fund literature searches, etc. The funds, if received, would support this years' work by the Working Group on Clinical Issues and allow for updating the work of the Working Group on Educational Priorities (Annie Lomax and friends). If the letter of intent and abstract are of interest to AmFAR, they will request a formal proposal and application; at least their procedure did not require pages and pages and hours and hours at the first step. Should they want to see a complete application, we would need to convene the Working Groups noted above to prepare it; should they fund us, we would need to organize to get the work done. All of this would likely involve hiring support staff, etc.; I have lots of ideas about all that. Thanks, a lot, to Bob Wirag for his creative energy and to others for their comments.

The somewhat amusing note about the AmFAR proposal is that, given the timetable and my vacation schedule, I had to finish it during the first day or two of my weeks at the Beach. So, when it was ready, I had to call Steve's office at ACHA and dictate the resulting work over the phone to Rosemary, Steve's assistant...a very long call, that one. But the ACHA people rose to the occasion, got it done and corrected and out to LA by the deadline.

Notification dates for that proposal are a little later; if we get asked to submit a formal application, we won't find out about results until the latter part of November. In the meantime, as is the case with the NIMH grant, the Working Group will begin, just that, working.

Politics: I know that many of you share my astonishment and anger at the Justice Department's memorandum suggesting that discrimination against people with AIDS on the grounds of the fear of contagion is justifiable. Our first resolution,

concerning the need for more funding for research and education, has attracted the approval and commendation of several of the AIDS-related public service groups. I would like to propose that we consider another resolution at this time, directed at the Justice Department memorandum. Gary MacDonald, the Executive Director of the AIDS Action Council in Washington, has sent me some sample resolutions on the issue passed by other associations (see enclosed). We may be a little tardy, but seems to me we should do something. What do you think?

Information: Those of you running educational programs will be interested to know that you can get a couple of posters and booket/pamphlets about AIDS risk reduction (very tasteful, nobody will be offended-type posters) from: Aid for AIDS, Inc., 8235 Santa Monica Boulevard, #311; West Hollywood, CA, 90046.

AIDS donations: the AIDS Project Los Angeles has an innovative way to raise money for AIDS research while giving out information as well. If you call 213-976-2752, you get the latest AIDS information (their term) and an automatic $1.00 donation is made, I guess to the AIDS Project Los Angeles. The total cost for the call will be higher, depending on the long distance toll you pay.

Talk To Me: Thanks for keeping in touch, and please don't stop. I specifically need to hear about:

1. Suggestions for meeting dates, places for the Working Group on Clinical Issues.

2. Your comments on the Grant proposals.

3. Your suggestions in regard to the political issues noted.

4. (For all except Paul Walters) Your comments on the local weather.

Any other general suggestions you have about the work of the Group on Support Services should go to Howard Surface in Charlotte, and any about Clinical Issues to me.

Well...get ready. Time to gear up, get down, go to it, etc. Aw, c'mon, a little enthusiasm, OK? Write me, call me, do something.

My best to all --

Rich

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH
1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
202-842-4668

NEWS RELEASE
June 26, 1986

Contact: Mike Gemmell
(202) 842-4668

PUBLIC HEALTH DEANS CRITICAL OF JUSTICE DEPARTMENT'S RULING ON AIDS

Deans of the graduate Schools of Public Health around the country today urged Attorney General Edwin Meese to withdraw the Justice Department's ruling pertaining to AIDS in the workplace. The Deans protested that the Justice Department's ruling Monday was based not on scientific evidence but on "unsubstantiated beliefs." The Deans represent the twenty-three graduate Schools of Public Health located at major universities throughout the U.S. and Puerto Rico.

In the letter delivered to Mr. Meese today, the Deans said:

> We, the undersigned Deans of Schools of Public Health, strongly object to the Justice Department's opinion that AIDS can be casually transmitted among workers. There is no controversy or disagreement among public health and medical experts who agree that AIDS cannot be transmitted by casual contact. Public policy should be based on sound scientific knowledge. Therefore, we disagree with the Justice Department's ruling pertaining to an employer's right to fire employees with AIDS on the grounds that they might transmit the disease to others. This ruling only serves to mislead the public and further confuse the issue.
>
> In addition, we are alarmed about the inappropriate interpretation of the opinion by employers in light of what we know about AIDS. Again, AIDS cannot be transmitted by casual contact. Accordingly, we urge the Justice Department to withdraw its opinion on AIDS. Public policy must be governed by scientific evidence and not by unsubstantiated beliefs.

The letter was signed by the following: William F. Bridgers, M.D., The University of Alabama at Birmingham; Joyce Lashof, M.D., The University of California at Berkeley; June Osborn, M.D., The University of Michigan; James Banta, M.D., M.P.H., Tulane University; Jacob Brody, M.D., The University of Illinois at Chicago; Charles Cameron, M.D., The University of Oklahoma; Harvey Fineberg, M.D., Ph.D., Harvard University; D.A. Henderson, M.D., M.P.H., The Johns Hopkins University; Robert Kane, M.D., The University of Minnesota; Dean Kar, Ph.D., UCLA;

George Kerr, M.D., The University of Texas at Houston; Edwin Krick, M.D., Loma Linda University; Peter Levin, Sc.D., The University of South Florida; Jerrold M. Michael, M.P.H., The University of Hawaii; Gilbert Omenn, M.D., Ph.D., The University of Washington; David Pearson, Ph.D., Yale University; Allan Rosenfield, M.D., Columbia University; Norman Scotch, Ph.D., Boston University; F. Douglas Scutchfield, M.D., San Diego State University; Raymond Seltser, M.D., M.P.H., The University of Pittsburgh; Juan Silva-Parra, Ph.D., The University of Puerto Rico; Andrew Sorensen, Ph.D., The University of Massachusetts; Winona Vernberg, Ph.D., The University of South Carolina.

Located in seventeen states and Puerto Rico, the twenty-three accredited graduate Schools of Public Health train students from every state in the nation and from a host of foreign countries. The schools have a combined enrollment of over 9,000 students and a faculty in excess of 2,000. There is no other source of comprehensive training in organization, policy development and management of health services, disease prevention and health promotion programs for whole population groups (communities, industries, etc.)

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AMERICAN - COLLEGE
HEALTH - ASSOCIATION

August 5, 1986

Nancy S. Shaw, Ph.D.
Coordinator, Programs for Women
San Francisco AIDS Foundation
333 Valencia Street, Fourth Floor
San Francisco, CA 94107

Dear Dr. Shaw,

Thank you for your participation in the ACHA AIDS Task Force. In light of your dedication and hard work, the ACHA is presenting the enclosed certificate of appreciation. Without your helpfulness, the AIDS Task Force would not have made such progress in educating the college health field and general public.

Thank you again and we look forward to your continued work.

Sincerely,

Donna M. Fair

Donna M. Fair
Director of Administration

DMF/ddh

encl.

15879 CRABBS BRANCH WAY, ROCKVILLE, MD. 20855 301/963-1100
STEPHEN D. BLOM, Executive Director • Organized December 31, 1920

UNIVERSITY OF VIRGINIA
DEPARTMENT OF STUDENT HEALTH
Medical Center Box 378
Charlottesville, Virginia 22908
Telephone: 804-924-5362

June 30, 1986

Ms. Nancy Shaw
San Francisco AIDS Foundation
333 Valencia Street
Fourth Floor
San Francisco, California 94103

Dear Nancy:

Thank you for your nice note, and on behalf of ACHA, for your order. We need all the help we can get! I sent your check and your request up to Steve Blom at the ACHA office in Rockville, and you should receive your two books shortly from them.

Thank you for pointing out the mistakes in the referral information in the book. We will have them corrected in future printings.

By now you should have received another communication, #2-1, talking about new activities for the task force. I wanted to mention, by the way, I will be out in California a couple of times this year, once in late July for a meeting at Berkeley and again in Jaunuary in Berkeley. I hope we can get together on one or another or both, to compare notes, etc.

As always, best personal regards.

Very truly yours,

Richard P. Keeling, M.D.
Director, Department of
Student Health

RPK:mca

AMERICAN - COLLEGE
HEALTH - ASSOCIATION

June 26, 1986

Nancy S. Shaw, Ph.D.
Coordinator, Programs for Women
San Francisco AIDS Foundation
333 Valencia Street, Fourth Floor
San Francisco, CA 94107

Dear Dr. Shaw,

I want to thank you for the fantastic work you all did this past year. You have made a real difference to a large number of people, both on and off college campuses.

This is a beautiful example of what can be accomplished by dedicated people working together. ACHA is indeed fortunate to have you working on this Task Force.

Sincerely,

Margaret W. Bridwell

Margaret W. Bridwell, M.D.
President

COMMUNICATION #2-1

To: All Members of ACHA Task Force on AIDS

From: Rich Keeling, Chairman

Date: June 23, 1986

Method: Federal Express or First Class Mail

A Note on Communication Numbers: I lost track of our count in the Spring, so I'm starting over. The number "2" indicates our second year of operation. This is Communication #1 of that Second Year. Everybody got that?

First Priority: for me in this note is Thank You. Our first year (or, actually, nine months) of effort paid off handsomely, I think, in the production of our Special Report, the Safe Sex brochure, and the Colloquium in New Orleans. To all of you who participated in all of those projects, I owe a very sincere and personal thank you. Working with you, as I said in the Colloquium, has been the most wonderful experience of my life. I have never been prouder than I was of all of you at the close of the morning session on May 28; I still get a lump in my throat when I think about that day. Thanks, all of you, from a very happy Chairman.

And now: Back to Work. We have all been reappointed. "More work," as Lee Wessel says when the Federal Express man comes to the door. There is a little news about membership on the task force:

1. **Chi Hughes** will be leaving us when she leaves Whitman Walker Clinic in DC to go work in California. I hope her successor, George Swales, will take her position with us.

2. **Paul M. Grossberg, M.D.,** of the University of Wisconsin in Platteville, has joined us. He has a particular interest in the clinical issues and will be working with the new Working Group on Clinical Evaluation.

3. **Chris Lyman, MSW, ACSW,** of the University of Pennsylvania, joins this summer, too. She has training and expertise in social work and the social context of patients and people, and she will work with the new Working Group on Support Services.

Working Groups: the summer sees the beginning of two of the working groups we identified as needs in our meeting in New Orleans. **The Working Group on Support Services** will be chaired by Howard Surface of UNC-Charlotte; it will, I hope,

include Chris Lyman, Annie Lomax, Cathy Kodama, and Terry Weisser as primary members. I will chair the **Working Group on Clinical Evaluation**; other members will include Paul Grossberg, Lee Wessel, Sue Cowell, and Joy Greenway. Both groups will draw on other consultants in and out of the Task Force, and, I hope, all members will review their work. If there are others of you who would particularly enjoy working with either of those two groups, please let me know.

A third priority is the development of regular communication with the ACHA membership through the newsletter. I will be asking Bob Wirag to help me with that, and I hope to have some students involved as well.

Evaluation: we need badly to evaluate our work and its effectiveness for the ACHA membership. Howard Surface, Bob Wirag, Steve Blom, and I have designed an evaluation form which will be mailed to the members with their copies of the special report this week. I hope it will provide us some cues about any mistakes we've made and some ideas for future directions.

Politics: I am proud of our decision to send a resolution of support for increased funding for AIDS-related education, risk reduction, and social services to governmental officials, and I am happy to tell you that the SEction on Clinical Medicine of ACHA and the Council of Delegates adopted our proposed resolutions. Rollie Zick of Colorado drafted the original resolution, which then went through a few changes; the result, happily, we can all be proud of.

Entreaty: Hey, gang, talk to me, as usual. I would love to hear ideas, proposals, jokes, comments. Some of you will be getting to work soon on Working Group business; others, please be thinking and communicating. I'll begin circulating reading matter again real soon (I can hear the mass groaning) but, in the meantime: happy, safe summer to all.

Charlottesville weather report: hot, humid, little rain. The only thunderclouds here lately are political. We see this.

Pax vobiscum.

SAN FRANCISCO AIDS FOUNDATION
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94103
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Nancy — for your records

June 17, 1986

Richard Keeling, M.D.
Dept. of Student Health
Univ. of Virginia
Box 378, Medical Center
Charlottesville, VA 22908

Dear Rich:

Thanks very much for sending me the copy of AIDS on the College Campus. We did a great job, and you especially. The booklet looks wonderful, and the brochure has received many compliments here.

There are some errors in the booklet's listings, however. I have included marked xeroxes to indicate where changes should be made. Thanks a lot.

Also, could you please send me two copies of the report at the ACHA rate? I have enclosed a check for $10.

Let me know what the future holds for the task force. I'd be glad to continue to participate.

Best wishes,

Nancy

Nancy Shaw

NSS:rls

UNIVERSITY OF VIRGINIA
DEPARTMENT OF STUDENT HEALTH
Medical Center Box 378
Charlottesville, Virginia 22908
Telephone: 804-924-5362

June 4, 1986

Nancy S. Shaw, Ph.D.
Coordinator, Programs for Women
San Francisco AIDS Foundation
333 Valencia Street, Fourth Floor
San Francisco, CA 94107

Dear Nancy:

I really regret that you could not be with us in New Orleans for the ACHA annual meeting, and I am real pleased to tell you that the AIDS Colloquium went beautifully. Barney Frank did a wonderful keynote address, and Paul Volberding though pessimistic than most of us would be, did a nice talk on the clinical issues. The members of the task force who were present provided a lot of spirit, a lot of hope, and a very forward-looking, compassionate, caring point of view. I think we left our audience with a very different perspective from most, and I am proud of what was accomplished.

At the meeting we distributed copies of the ACHA book on AIDS, which bears the marks of your contributions over the past nine months. I am, therefore, pleased to be able to send you a copy, and, if you would like more copies, we can supply them.

Thank you for all your continuing assistance; the task force was reappointed intoto, and at our meeting in New Orleans we decided on some interesting projects for the coming year. I will be back in touch with you about those in my more usual "communication" format soon.

As always, best personal regards.

Very truly yours,

Richard P. Keeling, M.D.
Director, Department of
Student Health

RPK:mca

enclosure

CONFIDENTIAL-NOT A PERMANENT PART OF THE MEDICAL RECORD

Many factors must be considered in assessing your level of wellness. Among these are: 1)your risk of acquiring or transmitting any Sexually Transmitted Disease (S.T.D.) and 2)the use of psychoactive chemicals during sexual activity which can increase your risk of acquiring an STD. STD's considered here include, but are not limited to, gonorrhea, syphilis, chlamydia, Hepatitis B, Giardiasis, and AIDS. The first two questions are biographical in nature and are not part of the risk assessment score, but are intended to guide your provider in making the best possible appraisal of your health. The remaining eight are part of the scored behavioral risk assessment. Please be honest in responding to the following questions--we assure you that this document will be handled with the utmost confidentiality by authorized persons only. Please feel free to discuss the results with your provider. You may retain the survey for your own reference.

There are 10 questions listed below. Please check the answer that best describes your preferences or activities.

A) How long have you been sexually active? _____

B) Your most recent consistent sexual partner experience
male_____ female_____ both male and female_____

1) How many partners have you had <u>per month</u> in the last year?
3 _____ 10 or more
2 _____ 3-10
1 _____ 0-3

2)How many partners <u>per month</u> in the year previous?
3 _____ 10 or more
2 _____ 3-10
1 _____ 0-3

3) The kinds of sexual contacts I have are:
3 _____ one time anonymous "tricks", groups, or prostitutes
2 _____ multiple times with the same partner(s)
1 _____ exclusive to my lover or spouse

4) I have sexual encounters or contacts most frequently
3 _____ in baths, bookstores, parks, "massage parlors","spas" public restrooms
2 _____ in bars, autos, parties
1 _____ in my or my partner's home

5) The frequency I use drugs to enhance my sexual encounters.
3 _____ frequently
2 _____ occasionally
1 _____ rarely/never
Please circle drugs used: poppers (amyl or butyl nitrites), alcohol, marijuana, hallucinogens (LSD, mushrooms), PCP, amphetamines, barbiturates,

Quaaludes or _____(please fill in others)

6) The frequency with which I inject myself with any of the above drugs is:
   3 _____ often
   2 _____ occasionally
   1 _____ never

7) I have sexual encounters most frequently in:
   3 _____ New York, LA, San Francisco, Miami, Wash. DC, Houston, Newark NJ, Atlanta
   2 _____ other large urban areas (Boston, Phila, St. Louis, Seattle, etc.)
   1 _____ small cities, towns, rural areas

8) Those kinds of sexual activities I practice most frequently are (please circle specific activities):
   3 _____ unprotected vaginal or anal intercourse, oral-anal contact (rimming), direct fecal or urine contact (scat or water sports), or manual-anal (fisting).
   2 _____ "protected" vaginal or anal intercourse (use of condoms and spermicides), oral-genital contact (fellatio or cunnilngus).
   1 _____ masturbation, body rubbing, kissing

Add up the numbers from each question (1 to 8) and see the key below to determine your level of risk.

My score is _____

KEY:

17 or more: you are at high risk for developing STD's, including AIDS, and for possibly developing dependence on psychoactive substances. You should visit your provider every one to three months for a medical assessment and consider counseling for drug use.

12-16 points: you are at medium risk for developing problems and are encouraged to see your provider every three to six months.

11 or less: you are at low risk for problems and are encouraged to see your provider every six to twelve months.

This scoring system was designed to: 1) increase your awareness of STD's and the risk factors associated with acquiring or transmitting STD's 2) stimulate self-evaluation of your sexual lifestyle and 3) encourage your taking responsibility for your health and the health of your sexual contacts. You should see you provider immediately if you have questions or develop any symptoms of illness.

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